

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000512

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Westlake Code No.
Pick up Address: 1334 S. Main St LA
(Number) (Street) (City)
Telephone Number: 327-2770 P.O. or Contract No.
Order Placed By: Date: 5-28-80
Type of Process which Produced Wastes: Code No.

(Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | |
|--|---|
| 1. <input type="checkbox"/> Acid solution | 8. <input type="checkbox"/> Tank bottom sediment |
| 2. <input type="checkbox"/> Alkaline solution | 9. <input type="checkbox"/> Oil |
| 3. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Drilling mud |
| 4. <input type="checkbox"/> Paint sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent | 12. <input type="checkbox"/> Gummy waste |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Water waste |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Muc and water |
| | 15. <input type="checkbox"/> Brine |

☐ Other (Specify): Code No.

Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	ppm
1. <u> </u>	<u> </u>	<u> </u>	<u> </u>
2. <u> </u>	<u> </u>	<u> </u>	<u> </u>
3. <u> </u>	<u> </u>	<u> </u>	<u> </u>
4. <u> </u>	<u> </u>	<u> </u>	<u> </u>
5. <u> </u>	<u> </u>	<u> </u>	<u> </u>
6. <u> </u>	<u> </u>	<u> </u>	<u> </u>

Hazardous Properties of Waste:

pH ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive
Bulk Volume: 2,500 gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)
Containers: (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)
Physical State: ☐ solid ☐ liquid ☒ sludge ☐ other (specify)
Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

R. Stauden 5/28/80
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping Code No.
Business Address: P.O. Box 59389 LA Calif 90059
(Number) (Street) (City) State Zip
Telephone Number: 757-1855 Pick Up: (Date)
State Liquid Waste Hauler's Registration No. (if applicable):
Job No.: 01477 No. of Loads or Trips: 1 Unit No.:

Vehicle: ☒ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

R. K. Kusan
Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): 2025 Co. Inc. Code No.
Site Address: Monteury Park, Calif. 91764

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RMOCB requirements, State Department of Health regulations and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

☐ recovery
☐ treatment (specify):
☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well
☐ other (specify): Code No.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 5-28-80
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

R. K. Kusan
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

No 141

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

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